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PTO/SB/81 (02-01)

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Application Number	<i>unknown</i>
Filing Date	<i>01/23/02</i>
First Named Inventor	<i>Mary Nix</i>
Title	<i>Bottle Containment and Identifier Unit</i>
Group Art Unit	<i>unknown</i>
Examiner Name	<i>unknown</i>
Attorney Docket Number	<i>10557.002</i>

I hereby appoint:

☐ Practitioners at Customer Number

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☒ Practitioner(s) named below:

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Name	Registration Number
<i>Tanice Leverett</i>	<i>44,209</i>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or
Individual Name

Tanice Leverett; Soules & Wallace, P.C.

Address *Frost Bank Tower*

Address *100 W. Houston St., Suite 1500*

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name *MARY NIX*

Signature *Mary Nix*

Date *12-5-01*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <i>Soules & Wallace, P.C.</i> <i>Attn: Janice Levegett</i>					
Address <i>Frost Bank Tower</i> <i>100 W. Houston Street, Suite 1500</i>					
City <i>San Antonio</i>		State <i>Texas</i>		ZIP <i>78205</i>	
Country <i>U.S.A.</i>		Telephone <i>210-224-9144</i>		Fax <i>210-224-7073</i>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR : <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Mary</i>			Family Name or Surname <i>Nix</i>		
Inventor's Signature <i>Mary Nix</i>			Date <i>12-5-01</i>		
Residence: City <i>San Antonio</i>		State <i>Texas</i>		Country <i>U.S.A.</i>	
				Citizenship <i>U.S.</i>	
Mailing Address <i>2018 Anchor Dr. #C</i>					
City <i>San Antonio</i>		State <i>Texas</i>		ZIP <i>78213</i>	
				Country <i>U.S.A.</i>	
NAME OF SECOND INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
				Citizenship	
Mailing Address					
City		State		ZIP	
				Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number *10557.002*

First Named Inventor *Mary Nix*

COMPLETE IF KNOWN

Application Number */unknown*

Filing Date *01/23/02*

Art Unit *unknown*

Examiner Name *unknown*

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Mary Nix
Residence: San Antonio, Texas
Address: 2018 Anchor Dr. #C
San Antonio, Texas 78213
United States Citizenship

(Title of the Invention)

the specification of which *Bottle Containment and Identifier Unit*



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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